

TRANSPORTATION
DOCUMENT NUMBER

LODGING
NUMBER

DOCUMENT
NUMBER

STATE OF NEBRASKA
EXPENSE REIMBURSEMENT REQUEST

BATCH NUMBER

DOCUMENT NUMBER

DATE
2014
month/day

NAME OF PLACE AND NATURE OF SERVICE
Enter start and stop points for each trip
State purpose of each trip

TRAVEL TIMES

STARTED

STOPPED

MEALS

Actual Amounts only

LODGING

DB1, DB2, etc., if direct billed

TRANSPORTATION

RATE

MILES TRAVELED

AMOUNT

MISCELLANEOUS

DESCRIPTION

AMOUNT

TOTAL

DB: 1

DB: 2

DB: 3

DB: 4

DB: 5

TOTALS

-

-

-

-

-

-

-

-

-

-

-

Business Unit

Object Code

Amount

NAME and TITLE

ADDRESS

I claim reimbursement for the above expenses incurred by me in the line of duty and in accordance with Nebraska State Statutes. I declare that this is a true account of such expenses for which payment has not previously been made by the State of Nebraska or another source.

EMPLOYEE SIGNATURE

ADDRESS BOOK NUMBER

CITY

STATE

ZIP CODE

NE

DATE

SUPERVISOR or APPROVER SIGNATURE

AUTHORIZED SIGNATURE

DATE

Veh. Lic.#

DATE